

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class E
Household Goods Application

248532

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2014 - 33 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) TD Companies IncSubmitted by TD Affordable Moving Solutions Telephone: 704-928-6083Address: 3301-P Woodpark BlvdFax: 704-973-7405Charlotte NC 28206

Other: _____

Email: Robert@amecharlotte.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☒ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

B5

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 12/3/13

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ED Companies Inc DBA Affordable Moving Solutions

3301-P Woodpark Blvd Charlotte NC 28206

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

704-928-1683

Phone

704-973-7905

FAX

Robert@amscharlotte.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

E. Robert Diaz 100%

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☐ Interstate Only ☒ Both

5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☒ Yes ☐ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month Dec Year 2013

Assets:

Cash		\$53,619.94
Receivables <i>30 days</i>		\$103,057.94
Real Estate		n/a
Buildings and Equipment (Net)		\$18,600
Motor Vehicles (Net)		\$205,000
Garage Equipment (Net)		\$5,000
Machinery and Tools (Net)		\$5,000
Supplies on Hand		\$19,106.07
Prepays and Other Assets		\$5,000
Total Assets *		\$204,588.95
<u>Liabilities and Equity:</u>		
Accounts Payable		\$1093.16
Notes Payable		\$628
Mortgages Payable <i>Rental property</i>		\$5,280
Equipment Obligations		\$2,200
Accrued Salaries and Wages		\$10,363.80
Other Accrued Obligations		
Other Liabilities <i>fund</i>		\$5,000
Total Liabilities		\$24,564.96
Capital Stock		\$1,000
Retained Earnings		\$219,000
Total Equity		\$50,000
Total Liabilities and Equity *		\$74,564.96

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Truck fee \$90	2/man crew \$90 per hour
Trailer fee \$150	3/man crew \$110 per hour
Labor Only \$80 per hour	4/man crew \$130 per hour
	5/man crew \$150 per hour

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]

The following insurance quote is for:

2DC Companies Inc.

Affordable Moving Solutions

Name of Applicant

2201-P Woodpark Blvd Charlotte NC 28206

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 15,925

Limits 1,000,000.00

Cargo Insurance \$ N/A

Limits N/A

* Attach Certificate of Insurance if available.

Wilshire Insurance Company

Name of Insurance Company

702 Oberlin Rd, Raleigh NC 27605

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1/15/14
Date

[Signature]
Authorized Insurance Company Representative's Signature

* Form H and Form H Certificate of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$300,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-50 and 56-23-910. For more information, contact Vickie Collier with the Department of Motor Vehicles at (803) 896-8497.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance fee, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



CERTIFICATE OF LIABILITY INSURANCE

AFFOR-3

OP ID: GB

DATE (MM/DD/YYYY)

01/17/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Harold W. Wells & Son, Inc.
One North Third Street
Wilmington, NC 28401-4528
Harold W. Wells & Son, Inc.

CONTACT NAME: Teresa Barnes

PHONE (A/C, No, Ext): 910-251-5445

FAX (A/C, No): 910-254-8404

E-MAIL ADDRESS: insurance@hwwells.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Wilshire Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Affordable Moving Solutions
RDCompanies Inc. DBA
12326 Jimmy Oehler Road
Charlotte, NC 28269

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR	POD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			JFT0704529	11/22/2013	11/22/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
PROOF OF CURRENT INSURANCE; THE COVERAGE EVIDENCED IN THIS CERTIFICATE APPLIES TO NORTH CAROLINA REGISTERED VEHICLES ONLY.

CERTIFICATE HOLDER

CANCELLATION

SOUTH CAROLINA PUBLIC
SERVICE COMMISSION

SOUTH-1

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Cher J. Sommer

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Exhibit Fit, Willing, and Able (FWA)

ZDC Companies Inc ^{ISA} Affordable Moving Solutions
Name

871791
U.S.D.O.T No.

384099
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes

☐ No

☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory

☐ Conditional

☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes

☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF _____)

SWORN TO BEFORE ME

This 4 day of October, 2013


Notary Public

Commission Expires

10/5/13

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

2D Companies Inc. DBA Affordable Moving Solutions
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, E. Robert Diaz, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 4 day of October, 2013

Miranda S. Cling - [Signature]
Notary Public

Commission Expires 10/5/13

E. Robert Diaz
Applicant's Signature

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APPLICATION BY A FOREIGN CORPORATION
FOR A CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS
IN THE STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY WITH BLACK INK

Pursuant to Section 33-15-103 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for authority to transact business in the State of South Carolina, and for that purpose, hereby submits the following statement:

1. The name of the corporation is (see Sections 33-4-101 and 33-15-106 and Section 33-19-500(b)(1) if the corporation is a professional corporation) RD Companies Inc.
(Must match corporation name on certificate of existence from domestic state)
2. It is incorporated as (check applicable item) ☒ a general business corporation, ☐ a professional corporation, under the laws of the state of North Carolina
3. The date of its incorporation is Nov 10th 1997 and the period of its duration is _____
4. The address of the principal office of the corporation is 3301 - P Woodpark Blvd in the
city of Charlotte and the state of North Carolina
Street Address Zip Code
5. The address of the proposed registered office the state of South Carolina is
TBD in the city of _____ in
Street Address South Carolina _____
Zip Code
6. The name of the proposed registered agent in South Carolina at such address is
Affordable Moving Solutions
Print Name
I hereby consent to the appointment as registered agent of the corporation.
E. [Signature]
Signature of the Registered Agent

RD Companies Inc.
Name of Corporation

7. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

a.) Name of Directors

Business Address

Robert Diaz

3301-P Woodport Blvd Charlotte NC

b.) Name and Office of Principal Officers

Business Address

Robert Diaz president

8. The aggregate number of shares which the corporation has authority to issue, itemized by classes and series, if any, within a class: (if no shares are issued please enter "none")

Class of Shares (and Series, if any)

Authorized Number of Each Class (and Series)

9. Unless a delayed date is specified, this application shall be effective when accepted for filing by the Secretary of State (See Section 33-1-230):

Date

8/10/13

RD Companies Inc.
Name of Corporation

Robert Diaz
Signature of Officer

Robert Diaz
Type or Print Name

president
Position of Officer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

RD COMPANIES INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of November, 1997, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of December, 2012.

Elaine F. Marshall

Secretary of State

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 12/02/2013

Total Inspections: 7

Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:

Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	4	7	0	0
Out of Service	1	2	0	0
Out of Service %	25%	28.6%	%	0%
Natl Average % (2009-2010)	20.72%	5.51%	4.50%	N/A

Crashes reported to FMCSA by states for 24 months prior to: 12/02/2013

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 12/02/2013

Total inspections: 0

Note: Total Inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:

Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 12/02/2013

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 12/02/2013

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

APR-17-98 FRI 2:21

P. 02

STATE OF NORTH CAROLINA



Department of The
Secretary of State

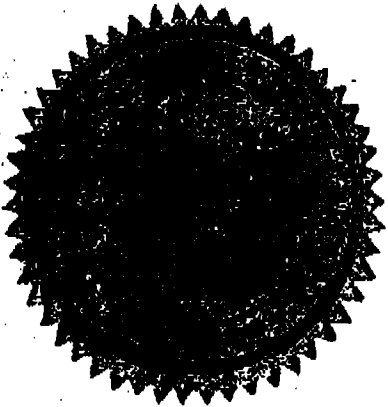
To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION
OF
BIRD TRANSPORTATION, INC.

the original of which was filed in this office on the 10th day of November, 1997.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of November, 1997.



Elaine F. Marshall

Secretary of State

APR-17-98 FRI 2:22

P. 03

C-0442263

FILED

4:31pm

NOV 10 1997

97 314 5105

ARTICLES OF INCORPORATION
OF
BIRD TRANSPORTATION, INC.


EFFECTIVE
ELAINE F. MARSHALL
SECRETARY OF STATE

The undersigned being of the age of eighteen years does hereby make and acknowledge these Articles of Incorporation for the purpose of forming a business corporation under and by virtue of the laws of the State of North Carolina;

1. The name of the corporation is BIRD TRANSPORTATION, INC.;
2. The period of duration of the corporation is perpetual;
3. The purposes for which the corporation is organized are;
 - (a) to provide quality long & short haul trucking services.
 - (b) To engage in any lawful act or activity for which the corporation may be organized under Chapter 55 of the General Statutes of North Carolina.
4. The corporation shall have authority to issue One Hundred Thousand (100,000) shares with a par value of One (\$1.00) Dollar per share.
5. The minimum amount of consideration to be received by the corporation for its shares before it shall commence business is One (\$1.00) Dollar in cash or property of equivalent value.
6. The address of the initial registered office of the corporation in the State of North Carolina is 9341 Glen Water Drive, Charlotte, Mecklenburg County, North Carolina, 28262 and the name of its Registered Agent at such address is R. ROBERT DIAZ.
7. The number of directors constituting the initial board of directors shall be one; and the name and address of the person who is to serve as director until the first meeting of shareholders, or until their successors be elected and qualify, are:

E. ROBERT DIAZ, 9341 GLEN WATER DRIVE, CHARLOTTE, NC 28262
8. The name and address of the incorporator is Edward H. Cannon, Cannon Asset Planning Services, Inc., Accountant, 9005 Tree Haven Drive, Charlotte, North Carolina 28270-1052.

IN WITNESS WHEREOF, I have hereunto set my hand this 7th day of November, 1997.


EDWARD H. CANNON
INCORPORATOR

APR-17-98 FRI 2:23

P-04

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, Margaret A. Hughes a notary public, do hereby certify that Edward H. Cannon, personally appeared before me this 7 day of November, 1997 and acknowledged the execution of the foregoing Articles of Incorporation.

Margaret A. Hughes
Notary Public

My Commission Expires; 5/11/2002



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

**BIRD TRANSPORTATION, INC.
WHICH CHANGED ITS NAME TO
RD COMPANIES INC**

the original of which was filed in this office on the 24th day of May, 2007.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 24th day of May, 2007

Elaine F. Marshall
Secretary of State

C200713800223

SOSID: 0442263

Date Filed: 5/24/2007 1:52:00 PM

Elaine F. Marshall

North Carolina Secretary of State

C200713800223

State of North Carolina
Department of the Secretary of State

ARTICLES OF AMENDMENT
BUSINESS CORPORATION

Pursuant to §55-10-06 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation.

1. The name of the corporation is: BIRD TRANSPORTAION INC

2. The text of each amendment adopted is as follows (*State below or attach*):

1)NAME CHANGED TO RD COMPANIES INC

2) ADDRESS CHANGE 18801 NAUTICAL DRIVE #201 CORNELIUS NC 28031 MECKLNEBURG

3) CHANGED FROM TRANSPORTATION CO TO MOVING COMPANY AND SALES COMPANY

3. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment, if not contained in the amendment itself, are as follows:

4. The date of adoption of each amendment was as follows: APRIL 1ST 2007

5. (Check either a, b, c, or d, whichever is applicable)

a. ☐ The amendment(s) was (were) duly adopted by the incorporators prior to the issuance of shares.

b. ☐ The amendment(s) was (were) duly adopted by the board of directors prior to the issuance of shares.

c. ☒ The amendment(s) was (were) duly adopted by the board of directors without shareholder action as shareholder action was not required because (*set forth a brief explanation of why shareholder action was not required.*)

d. ☐ The amendment(s) was (were) approved by shareholder action, and such shareholder approval was obtained as required by Chapter 55 of the North Carolina General Statutes.

C200713800223

ARTICLES OF AMENDMENT

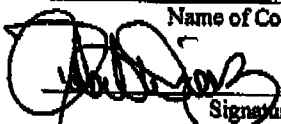
Page 2

6. These articles will be effective upon filing, unless a delayed time and date is specified:
- _____
- _____

This the 14~~TH~~ day of MAY, 20 07

BRID TRANSPORTATION INC

Name of Corporation



Signature

ROBERT DIAZ PRESIDENT

Type or Print Name and Title

NOTES:

1. Filing fee is \$50. This document must be filed with the Secretary of State.



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

RD COMPANIES INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of November, 1997, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



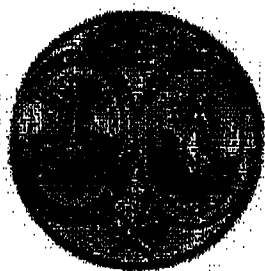
Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of January, 2014.

Elaine F. Marshall

Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

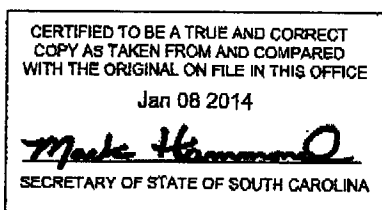
I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

RD COMPANIES, INC., a corporation duly organized under the laws of the State of South Carolina on January 8th, 2014, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina
this 8th day of January, 2014

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State



**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

ARTICLES OF INCORPORATION

1. The name of the proposed corporation is RD COMPANIES, INC.
2. The initial registered office of the corporation is 108 MAPLEWOOD CT

Street Address

<u>GOOSE CREEK</u>	<u>CHARLESTON</u>	<u>SC</u>	<u>294457096</u>
<small>City</small>	<small>County</small>	<small>State</small>	<small>Zip</small>

and the initial registered agent at such address is ROBERT DIAZ
Print Name

I hereby consent to the appointment as registered agent of the corporation:

Electronically filed on SCBOS. Signature not required.

Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
 - a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100
 - b. ☐ The corporation is authorized to issue more than one class of shares:

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

1

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended).

RD COMPANIES, INC.

Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

AFFORDABLE MOVING SOLUTIONS

6. The name, address, and signature of each incorporator is as follows (only one is required):

a. ROBERT DIAZ

Name

3301 WOODFARK BLVD STE P ROBERT DIAZ CHARLOTTE
NC 282064206

Address

US

Signature

7. I, ROBERT COBLE, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 2014-01-08

Electronically filed on SCBOS.
Refer to attached signature page.

Signature

ROBERT COBLE

Type or Print Name

1230 MAIN ST STE 700 ROBERT COBLE

Address

COLUMBIA SC US 292016220

803 2538211

Telephone Number

Mr. Robert Diaz
December 6, 2013
Page 4

Please review the foregoing and, if it meets with your approval, sign a copy of this letter and return it to me in the enclosed envelope. If at any time you, on behalf of Affordable Moving Solutions, have questions, concerns, criticisms, or suggestions, please feel free to contact me. We look forward to working with Affordable Moving Solutions.

NEXSEN PRUET, LLC

By:

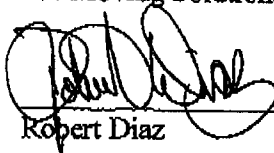


Robert D. Coble
Member

The undersigned consents to your firm's legal representation on the terms and conditions set forth in this letter.

Affordable Moving Solutions

By:



Robert Diaz

Very truly yours,



Robert D. Coble

RDC/cb

Official Receipt

A payment has been submitted and a receipt generated based on the submission.

Transaction Reference Number:1178995125

Transaction Date:1/8/2014 10:11:06 AM

Scheduled Settlement Date:TBD



RD Companies, Inc.

Add New/Existing Business

Articles of Incorporation - Corporation	\$ 110.00
Filing	\$ 0.00
New Location - Affordable Moving Solutions	\$ 0.00
Business Personal Property Tax	\$ 0.00
Corporate Tax Registration	\$ 25.00
Domestic Initial Annual Report of Corporations	\$ 25.00
Filing	\$ 25.00

1/8/2014

RD Companies, Inc. Total :

\$ 135.00

Account number used to pay the full amount listed above #####9288.

Additional Application Information



RD Companies, Inc.

Add New/Existing Business (Shopping Cart ID: 791989)

Articles of Incorporation - Corporation

The Secretary of State will review your application. Upon acceptance the Secretary of State will send to your email address an official copy of the articles and a Certificate of Incorporation. This is a one-time event; there is no renewal. You may want to check the trash or junk email folders; sometimes the emails are moved to these folders. The 'from address' will be secstatecbos@sos.sc.gov. The payment will not be processed until acceptance.

Business Personal Property Tax

Business Personal Property Tax is a business tax on the furniture, fixtures, and equipment owned by the business. Examples include computers, copiers, chairs, refrigeration equipment, and shelving. You will receive a Property Tax Return (PT-100) one month after your accounting period closes. In most cases, the county in which the business is located will bill you for this tax.

New Location - Affordable Moving Solutions

SCBOS and the Dept. of Revenue have recognized that you have added a location to your business. If you applied for a Retail Sales Tax License, you can find the license number by returning to the workspace; it is under the Reference # column heading corresponding to the sales tax line item.

Corporate Tax Registration

A SC file number will be assigned to the account and will appear in SCBOS on the User Summary page under the column heading of Reference Number. Corporate returns are due on or before the 15th day of the third month following the close of the taxable year. Please access the Dept. of Revenue Web site at <http://www.sctax.org/> and go to page four of form SC1020 Inst. and refer to the "Corporate Facts to Remember" section for more information.

Domestic Initial Annual Report of Corporations

This is sometimes referred to as the CL-1. Your application has been forwarded to the Dept. of Revenue

Add New/Existing Business

If Add New Business filing: The application has been forwarded to the Secretary of State (SOS) for their review. Upon acceptance: (1) you will receive an email indicating such and a copy of the Articles and Certificate and (2) the payment will be processed. No other corresponding Licenses/Permits/Registrations will be processed before Secretary of State Acceptance. If Add Existing Business Filing: The application has been forwarded to the AEB Administrator for their review. You will receive an email indicating acceptance or rejection. Once accepted, you may apply for a number of Licenses/Permits/Registrations. If you are Reserving or Registering Name, refer to Reserve or Register Name filing description.

Submitter Information

Name:	Robert Diaz
User Name:	amscit
Phone Number:	704-651-4007
Email Address:	robert@amscharlotte.com

Session Recap**Add New/Existing Business (Shopping Cart ID: 790122)****Type of Business:**

Corporation

Now enter Partnership, LLC or Corporate charter name::

RD Companies, INC

FEIN:**Type of business conducted:**

484210

Registered agent of the corporation:

DBA Affordable Moving Solutions

Registered Office Address:108 MAPLEWOOD CT
GOOSE CREEK SC 29445-7096
CHARLESTON
US**Is the corporation authorized to issue single class or multiple classes of stock?:**

Single

Total number of shares authorized is:

1

The relative right, preference, and limitations of the shares and of each series within the class are as follows: Matters involving voting rights, number of votes per share, convertibility of shares, etc. may be included here.:

1

The name and address of each incorporator:

Robert Diaz

Robert Diaz 3301 WOODPARK BLVD STE P
CHARLOTTE NC 28206-4206 US**Name:**

Robert Diaz

Address:Robert Diaz
3301 WOODPARK BLVD STE P
CHARLOTTE NC 28206-4206
US**Attorney Name:**

Robert Coble

Phone Number:

(803)253-8211

Attorney Address:

Robert Coble
1230 MAIN ST STE 700
COLUMBIA SC 29201-6220
RICHLAND
US

Does this business have employees in South Carolina?:

No

Enter different individual officers of the business. If an individual has the duties of more than one officer, enter the individual only once::

Robert Diaz	Owner	Robert Diaz 3301 WOODPARK BLVD STE P CHARLOTTE NC 28206-4206 US
-------------	-------	--

SSN:**Title:**

Owner

Name:

Robert Diaz

Address:

Robert Diaz
3301 WOODPARK BLVD STE P
CHARLOTTE NC 28206-4206
US

Did you acquire another business, merge with another business, form a corporation or partnership or make any other change in ownership of your business?:

No

Location(s) for this business:

General Business	Affordable Moving Solutions	3301 WOODPARK BLVD STE P CHARLOTTE NC 28206-4206 US
------------------	-----------------------------	--

Location Type:

General Business

Location DBA or Trade Name:

Affordable Moving Solutions

Phone Number:

(704)821-8728

Physical Address (Valid street address) of business location:

3301 WOODPARK BLVD STE P

CHARLOTTE NC 28206-4206
US

Mailing Address of business location:

Robert Diaz
3301 WOODPARK BLVD STE P
CHARLOTTE NC 28206-4206
US

Address of business location where the records for this company are stored:

Robert Diaz

3301 WOODPARK BLVD STE P
CHARLOTTE NC 28206-4206
US

Location Business Phone Number:

(704)921-8728

Type of business conducted at this location:

484210

Will this location have any retail sales, transient rentals or any out of state purchases subject to South Carolina Use Tax?:

No

Are you interested in participating in the OSHA Volunteer Program sponsored by the South Carolina Department of Labor, Licensing & Regulation (LLR)?:

No

Physical Location of Business:

3301 WOODPARK BLVD STE P
CHARLOTTE NC 28206-4206
US

Mailing Address (For all correspondence):

Robert Diaz
3301 WOODPARK BLVD STE P
CHARLOTTE NC 28206-4206
US

Address where corporate records are stored:

Robert Diaz
3301 WOODPARK BLVD STE P
CHARLOTTE NC 28206-4206
US

Business Phone Number:

(704)921-8728

Month Tax Year Ends:

December

Please select one of the following that applies:

None of the above apply to the business.

01/08/2014 07:05AM 7049737905

AFFORDABLE MOVING

PAGE 02/02

Page 1 of 1

**Signature Page Attachment to South Carolina Business One Stop
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing an SCBOS.

Type of Filing: **ARTICLES OF INCORPORATION (Corporation)**As Of: **January 02, 2014 12:09 PM**

Proposed Corporation Name:

RD Companies, Inc.

Signature of Incorporator (only one is required):

Robert Diaz

Name

Signature

Robert Diaz, 3301 WOODPARK BLVD STE P,
CHARLOTTE, NC 282064205

Address

Signature of Attorney:

I, Robert Coble, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

1-3-14

Date

Robert Coble

Name

Signature

Robert Coble, 1230 MAIN ST STE 700,
COLUMBIA, SC 292016220

Address

(803) 253-0211

Telephone Number

Upload this completed signature page through
SCBOS using one of the following file formats only:
Adobe PDF, GIF, or JPEG. Do not mail, email or
fax this document to the Secretary of State's office.

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**INITIAL ANNUAL
REPORT OF CORPORATIONS**

CL-1
(Rev. 9/7/10)
3134

Office Use Only

► File Number _____ ► ENDING PERIOD _____ Month _____ Year _____ SID Number _____

Date "Application for Charter" filed with Secretary of State _____ For Secretary of State Use Only

Date of "Request for authority to do business in this state" (Foreign Corp.) _____

FEIN _____ Business Code _____ (Office Use Only)

☐ Check if subchapter S election

NAME OF CORPORATION

AD Companies Inc DBA **Affordable Moving Solutions** Telephone # **704 928-6083**

PHYSICAL ADDRESS OF HEADQUARTERS (NUMBER AND STREET) MAILING ADDRESS FOR TAX CORRESPONDENCE

3301-P Woodpark Blvd

CITY AND STATE **Charlotte NC** ZIP **28206** COUNTY **Meck** CITY AND STATE _____ ZIP _____

1. State of incorporation: **NC** 2. Indicate month corporation closes its books: **December**

3. Nature of principal business in SC: **Household Goods**

4. Location of registered office of the corporation in the state of SC is in the city of **N/A**

Registered agent at such address is _____

5. Location of principal office in SC (street, city, zip and county): **Not established**

6. Date business commenced in SC: **Feb 1st 2014** Effective Date of Incorporation: **N/A**

7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation?

8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:

Name/Title **E Robert Diaz president** Business Address and Office **3301-P Woodpark Blvd Charlotte NC 28206**

9. The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:

Number of Shares **100%** Class _____ Series _____

10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares _____ Class _____ Series _____

1. Fee due with this report	1. _____	25	00
2. Interest due	2. _____		
3. Penalty due	3. _____		
4. Total - Due	4. _____		

See instructions for payment and mailing.

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

THIS RETURN PREPARED BY _____

SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN _____

DATE _____

TITLE _____

31341027

ATTACH REMITTANCE HERE

Entity Type:	Carrier																																			
Operating Status:	AUTHORIZED FOR Property, HHG	Out of Service Date:	None																																	
Legal Name:	RDCOMPANIES INC																																			
DBA Name:	AFFORDABLE MOVING SOLUTIONS																																			
Physical Address:	12326 JIMMY OEHLER RD CHARLOTTE, NC 28269																																			
Phone:	(704) 926-6683																																			
Mailing Address:	12326 JIMMY OEHLER RD CHARLOTTE, NC 28269																																			
USDOT Number:	871791	State Carrier ID Number:																																		
MC/MX/FF Number(s):	MC-384099	DUNS Number:	-																																	
Power Units:	5	Drivers:	5																																	
MCS-150 Form Date:	08/05/2013	MCS-150 Mileage (Year):	100,000 (2012)																																	
Operation Classification:																																				
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Auth. For Hire</td> <td>Priv. Pass.(Non-business)</td> <td>State Govt</td> </tr> <tr> <td><input type="checkbox"/> Exempt For Hire</td> <td>Migrant</td> <td>Local Govt</td> </tr> <tr> <td><input type="checkbox"/> Private(Property)</td> <td>U.S. Mail</td> <td>Indian Nation</td> </tr> <tr> <td><input type="checkbox"/> Priv. Pass. (Business)</td> <td>Fed. Govt</td> <td><input checked="" type="checkbox"/> UNKNOWN</td> </tr> </table>				<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Govt	<input type="checkbox"/> Exempt For Hire	Migrant	Local Govt	<input type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation	<input type="checkbox"/> Priv. Pass. (Business)	Fed. Govt	<input checked="" type="checkbox"/> UNKNOWN																					
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Goods Carried:																																				
<table border="0"> <tr> <td><input checked="" type="checkbox"/> General Freight</td> <td>Liquids/Gases</td> <td>Chemicals</td> </tr> <tr> <td><input checked="" type="checkbox"/> Household Goods</td> <td>Intermodal Cont.</td> <td>Commodities Dry Bulk</td> </tr> <tr> <td>Metal: sheets, coils, rolls</td> <td>Passengers</td> <td>Refrigerated Food</td> </tr> <tr> <td><input checked="" type="checkbox"/> Motor Vehicles</td> <td>Oilfield</td> <td>Beverages</td> </tr> <tr> <td>Drive/Tow away</td> <td>Equipment</td> <td>Paper Products</td> </tr> <tr> <td>Logs, Poles, Beams, Lumber</td> <td>Livestock</td> <td>Utilities</td> </tr> <tr> <td>Building Materials</td> <td>Grain, Feed, Hay</td> <td>Agricultural/Farm Supplies</td> </tr> <tr> <td>Mobile Homes</td> <td>Coal/Coke</td> <td>Construction</td> </tr> <tr> <td>Machinery, Large Objects</td> <td>Meat</td> <td>Water Well</td> </tr> <tr> <td>Fresh Produce</td> <td>Garbage/Refuse</td> <td></td> </tr> <tr> <td></td> <td>US Mail</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> General Freight	Liquids/Gases	Chemicals	<input checked="" type="checkbox"/> Household Goods	Intermodal Cont.	Commodities Dry Bulk	Metal: sheets, coils, rolls	Passengers	Refrigerated Food	<input checked="" type="checkbox"/> Motor Vehicles	Oilfield	Beverages	Drive/Tow away	Equipment	Paper Products	Logs, Poles, Beams, Lumber	Livestock	Utilities	Building Materials	Grain, Feed, Hay	Agricultural/Farm Supplies	Mobile Homes	Coal/Coke	Construction	Machinery, Large Objects	Meat	Water Well	Fresh Produce	Garbage/Refuse			US Mail	
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